

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ C C00488742		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Strategic Partners & Media, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2014		
Mailing Address PO Box 480			Amount 80000.00		
City State Zip Code Arnold MD 21012-0480		Transaction ID : E1E599DF1097C47208F3 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Online video production costs & Ad buy		Category/Type			
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
211314.00					
Full Name of Payee Public Opinion Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2014		
Mailing Address 214 N Fayette St			Amount 19000.00		
City State Zip Code Alexandria VA 22314-2433		Transaction ID : EE5FA1DBADD22442BBB Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Polling Expenses		Category/Type			
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
211314.00					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature William Armstrong		[Electronically Filed]		Date MM / DD / YYYY 02 / 14 / 2014	